

MOSAIC MIND PSYCHIATRY
Patient Financial Responsibility and Office Policies

Thank you for choosing MOSAIC MIND PSYCHIATRY for your care. The following policies are designed to ensure clear communication, efficient scheduling, and continuity of care for all patients. By receiving services from our practice, you acknowledge and agree to both office and financial policies outlined below.

Payment for Services

Payment is due at the time services are rendered unless other arrangements have been made in advance. We accept payment by credit card, debit card, electronic payment, or other approved methods.

Patients are responsible for all fees associated with services provided, regardless of insurance coverage.

Insurance

If we participate with your insurance plan, we will submit claims on your behalf as a courtesy. However, verification of insurance benefits does not guarantee payment. Patients remain responsible for any charges not covered by their insurance plan, including but not limited to:

- Copayments
- Coinsurance
- Deductibles
- Non-covered services

Copayments and estimated patient responsibility are due at the time of the appointment.

If your insurance company denies or delays payment, the outstanding balance may become the patient's responsibility.

Self-Pay Patients

Patients who do not use insurance are responsible for full payment at the time of service unless other arrangements have been made. Fees for services may vary depending on the type and length of the appointment. Current fee schedules are available upon request.

Outstanding Balances

Patients are responsible for maintaining a current account balance. If an account becomes significantly overdue, the practice may require payment before scheduling additional appointments. Unpaid balances may be referred to a collection agency if reasonable efforts to obtain payment have been unsuccessful.

Returned Payments

Returned checks or failed electronic payments may be subject to an additional processing fee.

Records, Forms, and Administrative Requests

Fees may apply for certain administrative services that may not be covered by insurance, including but not limited to:

- Completion of forms
- Medical record copies
- Disability or legal documentation
- Extended phone consultations
- Requested Letters (Jury duty excuse, ESA, accommodations, etc)

Changes to Fees or Policy

Fees and financial policies may change periodically. Patients will be notified of significant changes when possible. It is patients responsibility to review policies prior to each appointment for any changes that have been made.

Good Faith Estimate Notice for Self-Pay or Uninsured Patients

Under the No Surprises Act, health care providers are required to provide patients who do not have insurance or who are not using insurance with an estimate of the expected charges for medical services. You have the right to receive a Good Faith Estimate explaining how much your medical care will cost.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs such as medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item.
- You can also ask your health care provider for a Good Faith Estimate before scheduling a service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or photo of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit <https://www.cms.gov/nosurprises> or call 1-800-985-3059.

Missed Appointments and Late Cancellations

If you miss an appointment (“no-show”) or cancel without providing at least 24 hours’ notice, it will be your responsibility to contact the office to reschedule. Rescheduled appointments will be offered at the provider’s next available opening, which may be several months away.

Repeated missed appointments significantly disrupt patient care and scheduling. If you have two or more consecutive no-shows or cancellations without at least 24 hours' notice, you may be removed from the provider's schedule and may be subject to termination from the practice.

To remain an active patient of the practice, patients must complete at least one appointment per year. Patients who do not meet this requirement may be considered inactive and may need to re-establish care as a new patient.

Late Arrivals

Appointments are time-based and begin at the scheduled time. Patients who arrive late will be offered the remaining time in their appointment slot in order to avoid delaying other scheduled patients. For example, if you arrive 10 minutes late for a 30-minute appointment, the appointment may be limited to the remaining 20 minutes. Patients may choose to proceed with the shortened visit or reschedule the appointment, in which case a missed appointment or late cancellation fee may apply. The provider reserves the right to determine when there is insufficient time remaining to conduct an appropriate visit, in which case the appointment will need to be rescheduled.

Medication Refills

For non-controlled substance medications, patients are encouraged to request refills during their scheduled appointments whenever possible. When clinically appropriate, the provider may issue prescriptions for up to a 90-day supply.

Controlled substances will generally be prescribed in 30-day increments only, and patients must be seen for follow-up at least every three (3) months in order to continue receiving these medications.

Refill requests between appointments may be submitted as needed. Please allow at least three (3) business days' notice for all prescription refill requests. Refill requests are processed during regular business hours, Monday through Friday, and we make every effort to complete requests within three business days.

Before contacting the office, please review your medications to ensure that you are requesting refills only for medications prescribed by our practice.

Termination Policy and Procedure

You have the right to terminate treatment at any time.

MOSAIC MIND PSYCHIATRY reserves the right to terminate treatment for the following reasons:

- The provider determines that your clinical needs are beyond the scope or capability of services offered by the practice.

- Failure to adhere to the treatment plan, including but not limited to misuse of prescribed medications, failure to notify the provider of significant changes in your condition, two or more consecutive no-shows or cancellations without at least 24 hours' notice, or repeated cancellations that result in extended gaps in treatment.
- Failure to pay outstanding charges on your account, including missed appointments or no-show fees.
- Inappropriate or disruptive behavior, including but not limited to threats, harassment, derogatory language, or behavior that interferes with the safe and respectful operation of the practice.

If MOSAIC MIND PSYCHIATRY terminates your care, you will receive written notice outlining the reason for termination. The standard notice period is 90 days, during which time you may seek care from another provider. The 90-day notice period may be waived if termination is due to non-adherence with the treatment plan or inappropriate behavior, as these circumstances constitute a violation of practice policies.

Acknowledgment

By signing below, I acknowledge that I have read, understood, and agree to the Financial and Office Policies of MOSAIC MIND PSYCHIATRY.

Patient Signature _____

Date _____